

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003827

STATE FILE NUMBER

FILED FEB 11 1959 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 248

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKWOOD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MEHLVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. CLAS. HOSP.</u>			Length of stay in 1b <u>6 DAYS</u>		d. STREET ADDRESS (If outside, give location) <u>7328 So LINDBERGH</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>FRANK</u> Last <u>WALLER</u>				4. DATE OF DEATH Month <u>JAN</u> Day <u>24</u> Year <u>1959</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>DEC-15 1880</u>		9. AGE (In years last birthday) <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SHEET METAL WORKER</u>		11. BIRTHPLACE (City and state or country) <u>WASHINGTON, IND.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>RICHARD WALLER</u>				14. MOTHER'S MAIDEN NAME <u>CHARLIE McDONALD</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>NONE</u>		16. SOCIAL SECURITY NO. <u>494-10-8706</u>		17. INFORMANT Address <u>9326 RAMBLOR</u> <u>MR JAMES WALLER AFTON, MO.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]								INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial failure</u>								<u>1/23/59</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Generalized carcinomatosis</u>						<u>1/21/59</u>	
		DUE TO (c) <u>Carcinoma of small bowel</u>						<u>1/21/59</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>1527</u>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour <u>6:30</u> Month <u>Jan</u> Day <u>24</u> Year <u>1959</u> a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <u>1/9/59</u> to <u>1/24/59</u> and last saw ^{her} him alive on <u>1/23/59 9PM.</u> Death occurred at <u>6:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Curtis A. Meyer M.D.</u>					22b. ADDRESS <u>4952 Maryland Ave.</u>			22c. DATE SIGNED <u>1/26/59</u>	
23. BURIAL OR CREMATION <u>BURIAL</u>		23b. DATE <u>JAN-27-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>NEW PICKER CEM.</u>			23d. LOCATION (City, town, or county) (State) <u>ST LOUIS MISSOURI</u>		
24. FUNERAL DIRECTOR <u>FEY FUNERAL HOME, MEHLVILLE MO</u>					25. DATE RECD. BY LOCAL REG. <u>1-26-59</u>		26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>		

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *[Handwritten Signature]*.....

Licensed Embalmer No.

P. O. Address *[Handwritten Address]*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.